

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing <u>10/16/2018</u>	Date Stamp Page 1 of 18	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No. <u>169402-19</u>			
STREET ADDRESS 					
CITY Sacramento			STATE CA	ZIP CODE 95814	<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages <u>18</u>

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/10/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$88.03
10/10/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$22.80
10/10/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:244	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$244.12

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing <u>10/16/2018</u>	Date Stamp Page 2 of 18	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No. <u>169402-19</u>			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			
<input type="checkbox"/> Amendment to Report No. _____ (explain below)			No. of Pages <u>18</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/10/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:245	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$13.08
10/10/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:246	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$142.52
10/10/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:247	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$163.32

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing <u>10/16/2018</u>	Date Stamp Page 3 of 18	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No. <u>169402-19</u>			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			
<input type="checkbox"/> Amendment to Report No. _____ (explain below)			No. of Pages <u>18</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/10/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:248	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$12.75
10/11/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:249	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$82.40
10/11/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$69.04

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing <u>10/16/2018</u>	Date Stamp Page 4 of 18	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No. <u>169402-19</u>			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			
<input type="checkbox"/> Amendment to Report No. _____ (explain below)			No. of Pages <u>18</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/11/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:251	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$17.02
10/11/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:252	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$24.02
10/11/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:253	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$24.44

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing <u>10/16/2018</u>	Date Stamp Page 5 of 18	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No. <u>169402-19</u>			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			
<input type="checkbox"/> Amendment to Report No. _____ (explain below)			No. of Pages <u>18</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/11/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$30.26
10/12/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:257	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$53.30
10/12/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:258	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$371.63

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing <u>10/16/2018</u> Report No. <u>169402-19</u> <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages <u>18</u>	Date Stamp Page 6 of 18	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304				
STREET ADDRESS 					
CITY Sacramento	STATE CA	ZIP CODE 95814			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/12/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:259	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$23.65
10/12/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:260	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$14.55
10/12/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:261	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$45.36

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing <u>10/16/2018</u>	Date Stamp Page 7 of 18	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No. <u>169402-19</u>			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			
<input type="checkbox"/> Amendment to Report No. _____ (explain below)			No. of Pages <u>18</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/12/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:262	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$32.66
10/13/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:263	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$210.63
10/15/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:264	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$356.42

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing <u>10/16/2018</u>	Date Stamp Page 8 of 18	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No. <u>169402-19</u>			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			
<input type="checkbox"/> Amendment to Report No. _____ (explain below)			No. of Pages <u>18</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/15/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:265	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$80.51
10/15/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:266	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$856.06
10/15/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:267	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1.08

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing <u>10/16/2018</u>	Date Stamp Page 9 of 18	<div style="background-color: black; color: white; padding: 5px; display: inline-block;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No. <u>169402-19</u>			
STREET ADDRESS 					
CITY Sacramento			STATE CA	ZIP CODE 95814	<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages <u>18</u>

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/15/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:268	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$420.63
10/15/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:269	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$30.00
10/15/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:270	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$23.48

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing <u>10/16/2018</u>	Date Stamp Page 10 of 18	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1401304	Report No. <u>169402-19</u>			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			
<input type="checkbox"/> Amendment to Report No. _____ (explain below)			No. of Pages <u>18</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/15/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:271	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$72.84
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes 4 Children's Hospitals, Yes on Proposition 4, sponsored by California Children's Hospital Association			Date of This Filing 10/16/2018	Date Stamp Page 11 of 18	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757		I.D. NUMBER (if applicable) 1401304	Report No. 169402-19		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages 18		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: NON:S497:271

In-kind contribution for printing

Memo Reference: NON:S497:270

In-kind contribution for data

Memo Reference: NON:S497:269

In-kind contribution for graphics

Memo Reference: NON:S497:268

In-kind contribution for mail production and postage differential

Memo Reference: NON:S497:267

In-kind contribution for graphics

Memo Reference: NON:S497:266

In-kind contribution for printing

Memo Reference: NON:S497:265

In-kind contribution for printing

Memo Reference: NON:S497:264

In-kind contribution for staff services

Memo Reference: NON:S497:263
In-kind contribution for printing and shipping

Memo Reference: NON:S497:262
In-kind contribution for postage differential

Memo Reference: NON:S497:261
In-kind contribution for mail production

Memo Reference: NON:S497:260
In-kind contribution for graphics

Memo Reference: NON:S497:259

In-kind contribution for data

Memo Reference: NON:S497:258

In-kind contribution for mail production and postage differential

Memo Reference: NON:S497:257

In-kind contribution for printing

Memo Reference: NON:S497:254

In-kind contribution for postage differential

Memo Reference: NON:S497:253
In-kind contribution for mail production

Memo Reference: NON:S497:252
In-kind contribution for graphics

Memo Reference: NON:S497:251
In-kind contribution for data

Memo Reference: NON:S497:250
In-kind contribution for mail production and postage differential

Memo Reference: NON:S497:249

In-kind contribution for printing

Memo Reference: NON:S497:248

In-kind contribution for printing

Memo Reference: NON:S497:247

In-kind contribution for postage differential

Memo Reference: NON:S497:246

In-kind contribution for mail production

Memo Reference: NON:S497:245

In-kind contribution for data

Memo Reference: NON:S497:244

In-kind contribution for mail production and postage differential

Memo Reference: NON:S497:243

In-kind contribution for graphics

Memo Reference: NON:S497:242

In-kind contribution for printing
